

PRODUCT CARE ASSOCIATION 7781 Vantage Way, Delta, BC V4G 1A6

Phone: 604 592-2972 Fax: 604 592-2982

Web: www.productcare.org

NOTIFICATION OF ADDRESS CHANGE

Name of Depot:
Depot Phone No.:
Depot Address:
Depot Contact:
Effective Date:
NEW ADDRESS – this is very important, as we have to give 30 days' notification to the Ministry of Environment before you can start collecting at new site
Name:
Address:
Email:
Phone:
Hours:
Reason for change of location (Please use additional paper if required):
Please provide the steps involved in making this decision to change locations: (Please use additional paper if required)

What comments do you have on our program? (Please use additional paper if required)				
What can we do to improve the program in th	e future? (Please use additional	paper if requ	uired)	
Other Comments: (Please use additional paper if require	d)			
Have you had any spills at this (old) site? If yes – please advise date(s)	Was spill reported?	Yes Yes	No No	
If not reported, why not?				
By signing this form, I verify the above inform	ation is correct and compl	ete.		
Print Name	Position			
Signature	Date			

Please send this completed form to bcopspaint@productcare.org
or via fax to 604-592-2982. Thank you.